

2019 9-1-1 Grant Application Preview

This document is for **PREVIEW** purposes only – grant applications will **ONLY** be accepted when submitted through [EMGrants](https://ok.emgrants.com/), the online grant application system at <https://ok.emgrants.com/>. Grant application questions are subject to change or may be slightly different than the questions in this preview.

PART I – SUMMARY INTRODUCTION

- **GRANT:** 2019 E9-1-1
- **PROJECT TYPE:**
 - Choose one of the following project types*
 - CCC – Call Center Creation;
 - CONS – Consolidation or Sharing of 9-1-1 Equipment;
 - GIS – GIS and/or Addressing;
 - CTET – Call Taking Equipment/Technology;
 - TRNG – 9-1-1 Technology/Operations Training;
 - ON – Other 9-1-1 Needs (Consistent with the 9-1-1 Management Authority Act).
- **PROJECT TITLE:** Example, “PSAP Name – Project Name”
- **PRIMARY CONTACT:** Person submitting the grant application
- **AUTHORIZED CONTACT:** Person authorized to sign legal documents on behalf of the Applicant organization such as Mayor, County Commissioner Chair, City Manager, Tribal Chair, etc.
- **FEDERAL TAX ID (FTID) or Employer Identification Number (EIN):** A FTID, also known as an EIN, is a nine-digit number the IRS uses to identify an entity. The County/City Clerk, Tribal Chair, Sheriff, Finance Director or Payroll Supervisor may have this number.
- **STATE VENDOR NUMBER:** A Vendor Number must be set up with OMES Vendor Management before any payments can be processed. To apply for a Vendor Number go to <https://omes.ok.gov/services/purchasing/vendor-registration> and fill out a Vendor/Payee form.
- **PROJECT CATEGORY:** Choose one category that further describes the project from pull down menu options in *EMGrants*.
- **BRIEF PROJECT DESCRIPTION:** Provide a brief description the proposed project (500 characters max)
- **PROJECT START DATE – PROJECT END DATE:**

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- **LIST OF PSAPs AFFECTED:** (If you are applying for a county that has three PSAPs, list all that will be affected).

PART II – PROJECT DESCRIPTION

- **NEEDS STATEMENT:** The Needs Statement gives facts/evidence to support the need for the project. (4,000 characters max)
- **PURPOSE:** Describe the goals for the PSAP, agency or municipality and how this grant will improve 9-1-1 service to the citizens within your area. (4,000 characters max)
- **DETAILED PROJECT DESCRIPTION/JUSTIFICATION:** Describe the project including objectives and required steps that will occur in order to meet the above listed goals. Include all the information reviewers would need to make a determination on this project. (4,000 characters max)
- **EXPLAIN HOW THIS PROJECT WILL BE SUSTAINED:** (4,000 characters max)

PART III – COST TABLE

Please provide a detailed project budget including cost: Type, Description, Quantity, and Price. Use whole numbers only by rounding to the nearest dollar value. (See screenshot below).

Form » Costs

Please provide a detailed project budget by adding all expenses in the below table. Use whole numbers only by rounding to the nearest dollar value. Attach all supporting documentation for expenses listed.

Cost Line Items

Type	Description	Qty	Price	Total	
9-1-1 Dispatcher Training	NEMA Telecommunicator Training Course	1	\$ 10,000.00	\$10,000.00	-
9-1-1 Dispatcher Training	NEMA Enhanced Caller Management Training Course	1	\$ 4,000.00	\$4,000.00	-
Application Total				\$14,000.00	
Grand Total				\$14,000.00	

Add Line

- **EXPLAIN HOW GRANT FUNDS WILL BE MATCHED:** (4,000 characters max)

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- **PLEASE UPLOAD THE FOLLOWING DOCUMENTS TO EMGRANTS:**
 - Upload to *EMGrants* supporting documentation, including vendor quotes (required), brochures (optional) for costs listed

PART IV – TIMELINE

Input the Total Number of weeks to complete the entire project:

List the major milestones including Task Description and number of Days in this project.

Form >> **Timeline**

Project Milestones

Total # of weeks for entire project:

List the major milestones in this project.
Example 1: Request for Proposal Process
 Example 2: Review of current GIS

Task Description	Days	
<input style="width: 95%;" type="text" value="Assess dispatcher training needs in the region"/>	<input style="width: 40px;" type="text" value="60"/>	✘
<input style="width: 95%;" type="text" value="Coordinate with regional PSAP's"/>	<input style="width: 40px;" type="text" value="60"/>	✘
<input style="width: 95%;" type="text" value="Draft training plan/organize resources/set training dates/regions"/>	<input style="width: 40px;" type="text" value="90"/>	✘
<input style="width: 95%;" type="text" value="Market workshops and training venues, speakers"/>	<input style="width: 40px;" type="text" value="60"/>	✘
<input style="width: 95%;" type="text" value="Prepare training materials/evaluation"/>	<input style="width: 40px;" type="text" value="30"/>	✘
<input style="width: 95%;" type="text" value="Hold workshops"/>	<input style="width: 40px;" type="text" value="60"/>	✘
<input style="width: 95%;" type="text" value="State grant closeout in EMGrants"/>	<input style="width: 40px;" type="text" value="60"/>	✘
<input style="width: 95%;" type="text" value="Federal grant closeout by the 9-1-1 Management Authority"/>	<input style="width: 40px;" type="text" value="180"/>	✘
Total Days	600	

PART V – COMPLIANCE CERTIFICATION – *Authorized Contact must check all that apply*

As a recipient of the funds from the Oklahoma 9-1-1 Management Authority:

- I certify that [Jurisdiction Name] has not diverted and will not divert any portion of designated 9-1-1 Wireless or Wireline fees for any purpose other than the purposes for which

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such fees are designated from July 1, 2018 and continuing through the time period during which grant funds are available. [63 OK Stat § 63-2812 et seq; 63-2861 et seq]

- I further certify that [Jurisdiction Name] will comply with all the required Federal and State statutory and programmatic grant conditions.
- I further certify that if [Jurisdiction Name] diverts any grant funds awarded through the State 9-1-1 Management Authority, [Jurisdiction Name] will become ineligible for grant payments for the term of the grant and [Jurisdiction Name] must repay all grant funds awarded.
- I understand that prohibited diversion of 9-1-1 fees includes elimination of fees as well as re-designation of fees for purposes other than implementation or operation of 9-1-1 services, E-9-1-1 services, or NG9-1-1 services during the term of the grant. [47 CFR Part 400]
- I hereby declare that I am the Authorized Contact for [Jurisdiction Name].

9-1-1 GRANT APPLICATION TO-DO CHECKLIST

- Complete *EMGrants* online application;
- Upload in *EMGrants* most current PSAP budget;
- Resolution from the Local Governing Authority;
- Complete and upload in *EMGrants* SF424 (Application for Federal Assistance);
- Complete and upload in *EMGrants* SF424B (Assurances for Non-Construction Programs) **or** SF424D (Assurances for Construction Programs), whichever form is applicable;
- Complete and upload in *EMGrants* CD-511 (Certification Regarding Lobbying);
- Complete and upload in *EMGrants* Local 9-1-1 Deployment Plan, if applicable;
- Upload in *EMGrants* Vendor estimate(s), required;
- Upload in *EMGrants* Vendor brochure(s), optional.

The latest Standard Forms (SF424; SF424B; SF424D; CD-511) can be found at:

<https://www.grants.gov/forms/sf-424-family.html>.

This application **PREVIEW** is intended to assist you in gathering the information needed before logging in to *EMGrants*. Please submit your grant request online at <https://ok.emgrants.com/>.

To learn more about grants offered through the Oklahoma 9-1-1 Management Authority visit our web page: https://www.ok.gov/911/Programs/9-1-1_Grants/index.html.

For questions regarding 9-1-1 Management Authority grants, please contact:

Karen Douglas, Grants and Compliance Officer

Oklahoma 9-1-1 Management Authority

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